

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # M01000001956

1. Entity Name
QX TELECOM LLC



Principal Place of Business
**230 FIFTH AVE., SUITE 800
NEW YORK, NY 10001**

Mailing Address
**230 FIFTH AVE., SUITE 800
NEW YORK, NY 10001**



05092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4173407	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISHAN, EDWARD I 230 FIFTH AVENUE NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISHAN, STEVEN 230 FIFTH AVENUE NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISHAN, JEFFREY 230 FIFTH AVENUE NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/17/07

Date

(212) 689-9094

Daytime Phone #